



Division of Mental Health and Addiction  
402 W. WASHINGTON STREET, ROOM W353  
INDIANAPOLIS, IN 46204-2739  
317-232-7800  
FAX: 317-233-3472

## *DMHA Youth Home & Community-Based Wraparound Services (HCBS)* **Provider Demographic Instruction Form**

The Provider Demographic Form must accompany any Agency/Individual/Applicant service provider request submitted to the Division of Mental Health and Addiction (DMHA) for provider approval/renewal of approval, changes in demographic information or requests to add services or staff members to one of the DMHA Youth Home and Community-Based Service (HCBS) programs. The form is to be completed and all supplemental forms and collateral documentation related to the provider/applicant request is to be attached before it is submitted to DMHA for review and consideration.

Providers who wish to participate in one of the Division of Mental Health and Addiction's (DMHA) Youth Home & Community-Based Wraparound Services (referred to as HCBS) programs must meet criteria as a provider for the HCBS program and be approved by DMHA as an HCBS provider. This instruction sheet is intended to assist the applicant in understanding what is needed in order to complete the Demographic Form for one or more of the following DMHA Youth HCBS programs:

<b>HCBS Service Program</b>	<b>Supporting Regulation*</b>	<b>Operating Agency</b>	<b>Medicaid Agency</b>
Psychiatric Residential Treatment Facility Transition Waiver (PRTF Transition Waiver)  <i>Additional Provider Resources:</i> <a href="http://www.in.gov/fssa/dmha/2756.htm">http://www.in.gov/fssa/dmha/2756.htm</a>	<i>CMS Approved Waiver:</i>  IN.03.R02.00	DMHA	Office of Medicaid Policy and Planning (OMPP)
Money Follows the Person- Psychiatric Rehabilitation Treatment Facility Grant (MFP-PRTF Services Program)  <i>Additional Provider Resources:</i> <a href="http://www.in.gov/fssa/dmha/2760.htm">http://www.in.gov/fssa/dmha/2760.htm</a>	<i>CMS Approved Grant:</i>  1LICMS300150	Division of Aging	OMPP
1915(i) Child Mental Health Wraparound Services State Plan Amendment (CMHW Services Program)  <i>Additional Provider Resources:</i> <a href="http://www.in.gov/fssa/dmha/2764.htm">http://www.in.gov/fssa/dmha/2764.htm</a>	<i>CMS Approved SPA: #12-013</i>  <i>Indiana Rule: 405 IAC 5-21.7-1</i>	DMHA	OMPP

*\* State and federal rules and regulations are outlined in the Supporting Regulations listed and supersede all other instruction. Additional clarifying information may be obtained in the DMHA Youth HCBS Provider Manual published for each service program residing on the DMHA website (<http://www.in.gov/fssa/dmha/2732.htm>) and the Indiana Medicaid website (<http://provider.indianamedicaid.com/general-provider-services/manuals.aspx>). A glossary of terms frequently used is also posted on the DMHA Youth Services Website.*

### **Reason for Request Section**

Complete *Reason for Application*, *Provider Type* and *Service Program* (under which you are currently DMHA-approved to provide services or would like to request approval to deliver services under) subsections to identify the reason for submitting a request to DMHA.

### **SECTION A: Demographic Information** (Required)

Completion of this section is required. If you are making a change to existing information in the DMHA databases, complete the Updates to Agency/Individual Demographic Information subsection as well indicating the changes to the information currently in the DMHA database (Completing both subsections here will assist us in ensuring we are making changes to the correct provider account).

## **SECTION B: Counties Served**

Complete this section to add counties to an existing provider account or if you are submitting an Application for Approval/Renewal of Approval (to identify the counties in which you plan to deliver services). Be sure to list out all of the counties (Do not state regions or “all of Indiana”).

## **SECTION C: Contact Information**

Complete this information if submitting an Application for Provider Approval/Renewal of Approval or if there is a change in your Contact person/information. This will be the point of contact for the DMHA Provider Specialist. An email address is required. If you are making a change to existing information in the DMHA databases, also complete Agency/Individual Demographic Information on File subsection with the information that is already in the database (as a reference to assist us in ensuring we are making changes to the correct provider account).

## **SECTION D: Billing Information**

Complete this information if submitting an Application for Provider Approval/Renewal of Approval or if there is a change in your Billing Contact person/information. This will be the point of contact for the DMHA Provider Specialist. An email address is required. If you are making a change to existing information in the DMHA databases, also complete Agency/Individual Demographic Information on File subsection with the information that is already in the database (as a reference to assist us in ensuring we are making changes to the correct provider account).

## **SECTION E: Notice of Action (NOA)**

Complete this information if submitting an Application for Provider Approval/Renewal of Approval. This is required information and must be up to date. All DMHA HCBS service authorizations will be submitted to this email address. Please identify one email address for receipt of the DMHA Youth HCBS NOAs. For agencies, it is recommended that an email address be created that is not tied to a specific staff member (to reduce a delay in notification when staff change occurs).

## **SECTION F: HCBS Provider Application**

Complete this section if you are submitting an Application for Provider Approval as a DMHA Youth HCBS agency/provider or if requesting Renewal of Approval as an HCBS agency/provider. Complete the subsection that applies to the type of provider approval you are seeking (Accredited Agency, Non-Accredited Agency or Individual Provider). Refer to the DMHA Youth HCBS Provider Manual (for the service program you are seeking) for a description of the types of providers. Each provider type has specific requirements that must be met. Contact DMHA Provider Specialist if you have additional questions regarding Provider Types (Email: [DMHAYouthservices@fssa.in.gov](mailto:DMHAYouthservices@fssa.in.gov)).

All applicants for Approval or Renewal need to complete all sections of the Demographic Form, with the exception of Section G (which is completed if adding services, staff members, etc. for those completing a Renewal of Approval) and Section H (which is optional and at the discretion of the Agency/Individual/Applicant).

Additionally, when completing an application for approval or renewal, it is expected that you will also complete Service Applications (e.g. Habilitation, Respite, etc.) for each staff member you anticipated will provide (is qualified to provide) one or more of the HCBS services (Refer to the HCBS Provider Manual for service descriptions and criteria for service providers). Multiple service applications may be submitted with the same Demographic Form. When submitting your application packet, attach all staff member collateral documentation to the applicable service application.

**Note:** DMHA approval is required prior to the agency/individual provider applying to Medicaid to obtain a HCBS provider number. Also, DMHA approval alone is not sufficient for delivering or billing for HCBS services, without Medicaid approval.

## **SECTION G: Request for an Addition to Existing HCBS Provider Approval or Renewal of Approval Application**

Complete all sections that apply for adding staff, a “rendering provider”, an HCBS service or an HCBS office location. A request to add a service must be accompanied by a service application for each individual staff member that is qualified and meets all HCBS criteria to provide the requested service.

**Note:** If requesting the addition of a service or staff member, billing for services may not occur until the agency has received DMHA approval and the required Medicaid-approved billing identification number.

## **SECTION H: Specialty Comment**

Read instructions on the form and complete this section if adding or modifying a Specialty Comment. This is optional.

## **SECTION I: Provider Assurances (Required)**

Review Assurances and complete signature line and requested information. This is a required for all individuals submitting a Demographic Form.

## **SECTION J: Application Packet Submission**

Read instructions and submit application packet as instructed for DMHA review and approval.

## **ADDITIONAL INFORMATION**

### **DMHA Review of New Applications for Approval/Renewal of Approval**

Once received, DMHA will review the Demographic Form/Application packet for completeness. If an application is not complete, the applicant will receive notification regarding the missing elements (e.g., signatures, required documentation, missing information, etc.). Applicants will be notified of the timeline for submitting the required information. If updated information is not received within the required timeframe, the application will be purged.

DMHA will only process complete application packets. After review of a complete application packet, DMHA will render a decision regarding an applicant's eligibility to be a DMHA-approved HCBS provider. The determination will be communicated by email in a dated letter on FSSA letterhead; and will contain an official signature. Approvals are not active until receipt of the aforementioned letter by the applicant.

### **Medicaid Approval for HCBS Billing Requirement**

Applicants meeting criteria and receiving a DMHA provider approval letter must also apply for a Medicaid Indiana Health Care Provider (IHCP) provider number (for the HCBS service DMHA-approved to provide) before they begin providing and billing for the HCBS services. The DMHA approval letter will be a required component of the application packet to Medicaid. Visit [www.indianamedicaid.com](http://www.indianamedicaid.com) for additional information regarding the Medicaid application.

### **Renewal of Approval Applications: Provider Expectations**

All DMHA-approved Youth HCBS Providers (Agencies and Individuals) are expected to resubmit an application for Renewal of Approval as an HCBS provider according to the established provider type schedule:

- 1) Accredited Agency; At least every three (3) years. Must resubmit documentation for renewal of approval again at time of national re-accreditation of agency.
- 2) Non-Accredited Agency: At least every two (2) years.
- 3) Individual Provider: At least every two (2) years.

The following applies to all providers regarding Renewal of Approval:

- 1) Providers must submit their documentation for Renewal of Approval in writing to DMHA at least **60 days** prior to the date of the Renewal deadline. This will allow time for DMHA to review the information; contact the provider if there are any questions or additional information is required; and complete the application review process prior to the deadline.
- 2) It is the responsibility of the service provider/agency to track the due date of their Renewal. DMHA will send past due letters to providers/agencies that are out of compliance with the Renewal of Approval requirement.
- 3) Failure to comply with the provider Renewal of Approval requirements in a timely manner will result in the provider being placed on *Suspended status\*\** pending the successful completion of a corrective action plan, including compliance with the Provider Renewal of Approval process.

**\*\*Note:** Suspended status is defined by DMHA as the following: The provider's name will no longer appear on the provider pick list as a qualified DMHA Youth HCBS service provider in any county. The provider may continue to provide services to those participants who the provider is currently serving. However, the provider is prohibited from accepting any new participants.

### **Continuing Education & Training Requirements**

The State seeks continual improvement of service delivery to CMHW Services participants and their families. To facilitate staff development, DMHA-approved service providers are required to complete ongoing training and continuing education; and provide verification of compliance with this requirement at the time an application for Renewal of Approval is submitted. Continuing education and training requirements are based upon the type of provider approval, as follows:

- 1) *Accredited Agency Providers:* 10 hours of approved trainings/conferences every year for a total of 30 hours continuing education credits. (Accredited agencies must be reapply for provider approval every three years).
- 2) *Non-Accredited Agency Providers:* 10 hours of approved trainings/conferences every year for a total of 20 hours continuing education credits. (Non-accredited agencies must reapply for provider approval every two years).
- 3) *Individual Service Providers:* 10 hours of approved trainings/conferences every year for a total of 20 hours continuing education credits. (Individuals must reapply for provider approval every two years).